

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/591651	FILING DATE					
7/20/07 CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		3					54						
5		4					55						
6		5					56						
7		6					57						
8		7					58						
9		8					59						
10		9					60						
11		10					61						
12		11					62						
13		12					63						
14		13					64						
15		14					65						
16	1		1				66						
17	1		1				67						
18	1		1				68						
19	1		1				69						
20	1		1				70						
21		1		1			71						
22							72						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	14	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	22		21				TOTAL CLAIMS						